

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of _____

District of _____

Town of _____

or _____

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 172County Registrar No. 222

Local Registrar No. _____

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child James Robert McGlinley3. Sex of Child MTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate? yesDate of birth 8 15 25
Month Day Year

5. No., in order of birth _____

8. FATHER

Full name Patrick M. Glinley9. Residence
(Usual place of abode)If non-resident, give place and state. Miami10. Color or race W.11. Age at last birthday 39 (Years)12. Birthplace (city or place) Ireland

(State or country)

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Margaret Harvey15. Residence
(Usual place of abode)If non-resident, give place and state. Miami16. Color or race W.17. Age at last birthday 30 (Years)18. Birthplace (city or place) Madison(State or country) ESG

19. Occupation

Nature of industry HLR

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 4

(b) Born alive but now dead _____

(c) Stillborn _____

21. Were precautions taken against oph-
thalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____

(Born alive or stillborn.)

at 2 P. m. on the date above stated* When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.Signature C. E. Perkins

(Physician or midwife).

Address Miami, ArizGiven name added from
a supplemental report

Month, day, year

Filed Aug 23, 25

19

Local Registrar.

Registrar

Filed _____

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County Registrar.

48-815-488